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Malcolm Ronald Hebblewhite

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EXAMINER

SOREY, ROBERT A

ART UNIT

PAPER NUMBER

3626

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PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No. 10/560,963	Applicant(s) HEBBLEWHITE ET AL.	
	Examiner ROBERT SOREY	Art Unit 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 10 March 2010.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1, 2 and 5-20 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1, 2, and 5-20 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) |
| 2) <input type="checkbox"/> Notice of Draftperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____ |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date _____ | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Continued Examination Under 37 CFR 1.114

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 03/10/2010 has been entered.

Status of the Claims

2. As per the submission to the Office filed on 01/12/2010, the following represents the current status of the claims: claim 1, 7, 9-12, 16, and 18-20 were amended. Claims 1, 2, and 5-20 are presented for examination.

Claim Rejections - 35 USC § 112

3. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

4. **Claims 1-20** are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

5. As per claim 1, Applicant claims "ascertaining relationships and trends among said stored data regarding a patient's treatment and comparing said relationships and trends with said representative treatment results so as to determine the relative effectiveness of SDB management of said patient", but it is unclear as to what is

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occurring in this step. The claim is directed towards ascertaining relationships and trends regarding the patient's treatment data, and then comparing those relationships and trends with "representative treatment results" in order to determine the effectiveness of the patient's treatment. However, it is unclear as to what "representative treatment results" are. Are these other treated patients whose outcome after treatment was desirable? Or is this the patient's historical data compared to new patient data? What exactly is being compared here? It is claimed that relationships and trends are compared to representative treatment results but what relationship and what trend, how does a relationship differ from a trend such that it necessitated a distinction in the claim language, and how can a relationship or trend be compared with "representative treatment results"? A result represents the final status of something but a trend is representative of a status over time, so how are these reconciled as to be comparable? Finally, it is unclear as to what is performing the "ascertaining relationships and trends..." as the claim states only that it is done and not by what. Is the claim limitation performed by the computer or perhaps a by a person or something else entirely?

6. Claims 2 and 5-20 are rejected for similar reasons.

Claim Rejections - 35 USC § 103

7. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

8. **Claims 1, 2, 12, and 13** are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent Application Publication 2003/0208465 to Yurko in view of U.S. Patent 6,811,538 to Westbrook.

9. As per claim 1, Yurko teaches a method for determining the effectiveness of sleep disordered breathing ("SDB") management of a patient comprising the steps of:

--obtaining and storing data on a computer (Fig. 1)(see: Yurko, paragraph 32-34 and 43-49, is met by data stored in a database on a computer), the data regarding a patient's treatment and being associated with a time period of interest (Fig. 8A)(see: Yurko, paragraph 28, is met by device usage dates; paragraph 34 and 68, is met by start date and end data) and relating to body mass index ("BMI") (Fig. 10)(see: Yurko, paragraph 29 and 74, is met by weight and body mass index (BMI)) and one or more of apnea hypopnea index ("AHIU"), apnea index ("AI"), usage and continuous positive airway pressure ("CPAP") titration (Fig. 23A-23E)(see: Yurko, paragraph 29, 63, 69, 74, and 111-112, is met by CPAP daily usage and compliance);

--displaying under control of the computer the BMI data together with one or more of AHI, AI, usage and CPAP titration data for said patient (Fig. 23A-23E)(see: Yurko, paragraph 29, 63, 69, 74, and 111-112, is met by CPAP daily usage and compliance) in graphical form on a single screen for a selected time period (Fig. 1; and Fig. 23A-23E)(see: Yurko, paragraph 43-49, is met by computer interface for data presentation; and paragraph 111-112, is met by reports) to facilitate a comparative monitoring of the BMI and SDB management of said patient; and

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Yurko teaches using the present invention in connection with the therapeutic treatment in monitoring of sleeping disorders, the patient-specific data may correspond to body mass index (see: Yurko, paragraph 29), and the system provides summaries of the data collected for patients in table, chart, and statistical form using a CPAP system (see: Yurko, at least paragraph 111 and 112); however, Yurko fails to specifically teach:

--storing representative treatment results on said computer, said results representative of obstructive sleep apnea treatments of a plurality of patients;

--ascertaining relationships and trends among said stored data regarding a patient's treatment and comparing said relationships and trends with said representative treatment results so as to determine the relative effectiveness of SDB management of said patient.

Westbrook, however, teaches a relationship between input data concerning a patient's BMI or body mass index (see: Westbrook, column 21, line 60 through column 22, line 8) and input data from a physiological monitoring/therapeutic device such as a CPAP device (see: Westbrook, column 25, lines 37-57) to produce logic-based reports that present an analysis of a session(s)-over-time based on the inputted data (see Westbrook, column 23, line 1 through column 24, line 33). Furthermore, Westbrook teaches that the analysis of such data is based on comparing the data against a sleep apnea database which contains physiological sleep data from at least one person who is classified as suffering from sleep apnea and from at least one person who is not suffering from sleep apnea (the "control") (see: Westbrook, column 8, line 37 through

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column 9, line 7), the reports being designed to meet the needs of both consumers and physicians (see: Westbrook, column 24, lines 28-32).

Yurko and Westbrook are silent on the number of screens utilized in displaying; however, it would have been obvious to one of ordinary skill in the art at the time the invention was made to display a plurality of information on a single screen with the motivation of saving time by reducing the number of 'click-through' screens.

The Examiner notes that while the arrangement of specific elements in the prior art are not exactly the same as those presented in the claims, however, section 2144.04 of the MPEP presents case law that sets legal precedent for supporting the rationale to reject based on design choice. Specifically, this regards the displaying *on a single screen*.

It would have been obvious to one of ordinary skill in the art at the time the invention was made to combine the teachings of Yurko and Westbrook. The well known elements described are merely a combination of old elements, and in the combination, each element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

10. As per claim 2, Yurko and Westbrook teach the invention substantially as claimed, see discussion of claim 1, and further teaches:

--*wherein the selected time period is adjustable* (Fig. 8A; and Fig. 23B)(see: Yurko, paragraph 28, is met by device usage dates; paragraph 34 and 68, is met by start date and end data being adjustable; and paragraph 112, is met by exclusion days).

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11. As per claim 12, Yurko teaches an apparatus for determining the effectiveness of sleep disordered breathing ("SDB") management of a single patient comprising:

--a storage mechanism (Fig. 1)(see: Yurko, paragraph 32-34 and 43-49, is met by data stored in a database on a computer) for storing (1) data associated with said patient with a time period of interest (Fig. 8A)(see: Yurko, paragraph 28, is met by device usage dates; paragraph 34 and 68, is met by start date and end data) and relating to said patient's body mass index ("BMI") (Fig. 10)(see: Yurko, paragraph 29 and 74, is met by weight and body mass index (BMI)) and one or more of apnea hypopnea index ("AHI"), apnea index ("AI"), Usage and continuous positive airway pressure ("CPAP") titration (Fig. 23A-23E)(see: Yurko, paragraph 29, 63, 69, 74, and 111-112, is met by CPAP daily usage and compliance);

--a display for displaying the BMI data together with one or more of AHI, AI, usage and CPAP titration data for said patient (Fig. 23A-23E)(see: Yurko, paragraph 29, 63, 69, 74, and 111-112, is met by CPAP daily usage and compliance) in graphical form on a single screen for a selected time period (Fig. 1; and Fig. 23A-23E)(see: Yurko, paragraph 43-49, is met by computer interface for data presentation; and paragraph 111-112, is met by reports) to facilitate a comparative monitoring of the BMI and SDB management of said patient; and

Yurko teaches using the present invention in connection with the therapeutic treatment in monitoring of sleeping disorders, the patient-specific data may correspond to body mass index (see: Yurko, paragraph 29), and the system provides summaries of

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the data collected for patients in table, chart, and statistical form using a CPAP system (see: Yurko, at least paragraph 111 and 112); however, Yurko fails to specifically teach:

--and (2) for storing representative treatment results representative of obstructive sleep apnea treatment of a plurality of patients;

--a processor for ascertaining relationships and trends among said stored patient data and for comparing with said representative treatment results so as to determine the relative effectiveness of SDB management of said patient.

Westbrook, however, teaches a relationship between input data concerning a patient's BMI or body mass index (see: Westbrook, column 21, line 60 through column 22, line 8) and input data from a physiological monitoring/therapeutic device such as a CPAP device (see: Westbrook, column 25, lines 37-57) to produce logic-based reports that present an analysis of a session(s)-over-time based on the inputted data (see Westbrook, column 23, line 1 through column 24, line 33). Furthermore, Westbrook teaches that the analysis of such data is based on comparing the data against a sleep apnea database which contains physiological sleep data from at least one person who is classified as suffering from sleep apnea and from at least one person who is not suffering from sleep apnea (the "control") (see: Westbrook, column 8, line 37 through column 9, line 7), the reports being designed to meet the needs of both consumers and physicians (see: Westbrook, column 24, lines 28-32).

Yurko and Westbrook are silent on the number of screens utilized in displaying; however, it would have been obvious to one of ordinary skill in the art at the time the

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invention was made to display a plurality of information on a single screen with the motivation of saving time by reducing the number of 'click-through' screens.

The Examiner notes that while the arrangement of specific elements in the prior art are not exactly the same as those presented in the claims, however, section 2144.04 of the MPEP presents case law that sets legal precedent for supporting the rationale to reject based on design choice. Specifically, this regards the displaying *on a single screen*.

It would have been obvious to one of ordinary skill in the art at the time the invention was made to combine the teachings of Yurko and Westbrook. The well known elements described are merely a combination of old elements, and in the combination, each element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

12. As per claim 13, Yurko and Westbrook teach the invention substantially as claimed, see discussion of claim 12, and further teaches:

--*wherein the selected time period is adjustable* (Fig. 8A; and Fig. 23B)(see: Yurko, paragraph 28, is met by device usage dates; paragraph 34 and 68, is met by start date and end data being adjustable; and paragraph 112, is met by exclusion days).

13. **Claims 7-11 and 16-20** are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent Application Publication 2003/0208465 to Yurko in view of U.S. Patent 6,811,538 to Westbrook further in view of Trends (Cynthia L Leibson, David F Williamson, L Joseph Melton III, Pasquale J Palumbo, et al. "Temporal Trends in BMI

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Among Adults With Diabetes". Diabetes Care. Alexandria: Sep 2001. Vol. 24, Iss. 9; p. 1584).

14. As per claim 5, Yurko and Westbrook teach the invention substantially as claimed, see discussion of claim 1, but fails to specifically point out:

--wherein BMI data is used to characterize a patient based on predetermined BMI ranges.

However, Trends teaches BMI categorizations of normal, overweight and obese based on predetermined BMI ranges (see: Trends, page 1585, under the heading of "Data collection").

It would have been obvious to one of ordinary skill in the art at the time the invention was made to combine the teachings of Yurko, Westbrook, and Trends. The well known elements described are merely a combination of old elements, and in the combination, each element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

15. As per claim 6, Yurko, Westbrook, and Trends teach the invention substantially as claimed, see discussion of claim 5, and further teaches:

--wherein the patient characterization is displayed as a label on said single screen.

Yurko teaches a computer interface for data presentation and reports (Fig. 1; and Fig. 23A-23E)(see: Yurko, paragraph 43-49; and paragraph 111-112), and it would have been obvious to one or ordinary skill in the art at the time the invention was made to

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display the patient characterizations as taught by Trends (see: Trends, page 1585, under the heading of "Data collection") on a single screen.

16. As per claim 7, Yurko, Westbrook, and Trends teach the invention substantially as claimed, see discussion of claim 6, and further teaches:

--wherein patient characterizations include normal, overweight, obese, and extremely obese (see: Trends, page 1585, under the heading of "Data collection", is met by BMI categorizations of normal, overweight and obese).

17. As per claim 8, Yurko, Westbrook, and Trends teach the invention substantially as claimed, see discussion of claim 7, and further teaches:

--wherein a patient characterization of normal represents a BMI range of 19-24 (see: Trends, page 1585, under the heading of "Data collection", is met by a normal BMI range of 18.5-24.9).

18. As per claim 9, Yurko, Westbrook, and Trends teach the invention substantially as claimed, see discussion of claim 7, and further teaches:

--wherein a patient characterization of overweight represents a BMI range of 25-29 (see: Trends, page 1585, under the heading of "Data collection", is met by an overweight BMI range of 25.0-29.9).

19. As per claim 10, Yurko, Westbrook, and Trends teach the invention substantially as claimed, see discussion of claim 7, and further teaches:

--wherein a patient characterization of obese represents a BMI range of 30-39 (see: Trends, page 1585, under the heading of "Data collection", is met by an obese BMI range of 30.0-39.9).

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20. As per claim 11, Yurko, Westbrook, and Trends teach the invention substantially as claimed, see discussion of claim 7, and further teaches:

--further including a patient characterization of extremely obese representing a BMI range of 40-54 (see: Trends, page 1585, under the heading of "Data collection", is met by an extremely obese BMI range of 40 and over).

21. As per claim 14, Yurko and Westbrook teach the invention substantially as claimed, see discussion of claim 12, but fails to specifically teach:

--wherein BMI data is used to characterize a patient based on predetermined BMI ranges.

However, Trends teaches BMI categorizations of normal, overweight and obese based on predetermined BMI ranges (see: Trends, page 1585, under the heading of "Data collection").

It would have been obvious to one of ordinary skill in the art at the time the invention was made to combine the teachings of Yurko, Westbrook, and Trends. The well known elements described are merely a combination of old elements, and in the combination, each element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

22. As per claim 15, Yurko, Westbrook, and Trends teach the invention substantially as claimed, see discussion of claim 14, and further teaches:

--wherein the patient characterization is displayed as a label on said single screen.

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Yurko teaches a computer interface for data presentation and reports (Fig. 1; and Fig. 23A-23E)(see: Yurko, paragraph 43-49; and paragraph 111-112), and it would have been obvious to one of ordinary skill in the art at the time the invention was made to display the patient characterizations as taught by Trends (see: Trends, page 1585, under the heading of "Data collection") on a single screen.

23. As per claim 16, Yurko, Westbrook, and Trends teach the invention substantially as claimed, see discussion of claim 15, and further teaches:

--wherein patient characterizations include normal, overweight, obese, and extremely obese (see: Trends, page 1585, under the heading of "Data collection", is met by BMI categorizations of normal, overweight and obese).

24. As per claim 17, Yurko, Westbrook, and Trends teach the invention substantially as claimed, see discussion of claim 16, and further teaches:

--wherein a patient characterization of normal represents a BMI range of 19-24 (see: Trends, page 1585, under the heading of "Data collection", is met by a normal BMI range of 18.5-24.9).

25. As per claim 18, Yurko, Westbrook, and Trends teach the invention substantially as claimed, see discussion of claim 16, and further teaches:

--wherein a patient characterization of overweight represents a BMI range of 25-29 (see: Trends, page 1585, under the heading of "Data collection", is met by an overweight BMI range of 25.0-29.9).

26. As per claim 19, Yurko, Westbrook, and Trends teach the invention substantially as claimed, see discussion of claim 16, and further teaches:

--wherein a patient characterization of obese represents a BMI range of 30-39
(see: Trends, page 1585, under the heading of "Data collection", is met by an obese BMI range of 30.0-39.9).

27. As per claim 20, Yurko, Westbrook, and Trends teach the invention substantially as claimed, see discussion of claim 16, and further teaches:

--further including a patient characterization of extremely obese representing a BMI range of 40-54 (see: Trends, page 1585, under the heading of "Data collection", is met by an extremely obese BMI range of 40 and over).

28. **Claims 5-11 and 14-20** are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent Application Publication 2003/0208465 to Yurko in view of U.S. Patent 6,811,538 further in view of Applicant Admitted Prior Art (AAPA).

29. Claims 5-11 and 14-20 are rejected in view of Applicant's specification (see: page 9, line 30 though page 10, line 4), which states: "Based on the BMI value, the system determines the status of the patient at step S12. The system characterizes the patient as Normal, Overweight, Obese, or Extremely Obese. The determination is based on typical classifications where, for example, Normal is defined by a BMI of 19-24, Overweight is defined by a BMI of 25-29, Obese is defined by a BMI of 30-39, and extremely obese is defined by a BMI of 40-54."

It would have been obvious to one of ordinary skill in the art at the time the invention was made to combine the teachings of Yurko, Westbrook, and AAPA. The well known elements described are merely a combination of old elements, and in the combination, each element merely would have performed the same function as it did

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separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

30. Applicant's statement that such BMI characterization ranges are an "example" that would have been "typical" in the art at the time the invention was made is further supported by Trends (Cynthia L Leibson, David F Williamson, L Joseph Melton III, Pasquale J Palumbo, et al. "Temporal Trends in BMI Among Adults With Diabetes". Diabetes Care. Alexandria: Sep 2001. Vol. 24, Iss. 9; p. 1584).

Examiner's Note

31. The article "Detection of Continuous Positive Airway Pressure compliance in a Group of Chinese Patients with Obstruction Sleep Apnea" (Hui et al., CHEST, Vol 120, No 1, 07/2001, pp 170-176), cited on Applicant's 01/13/2006 IDS, was found to be of significant relevance, though it was not used for the purposes of rejection. Specifically, on page 2 (original publication page 170), under the heading of *Other Parameters of Interest*, Hui teaches analyzing variables, such as BMI and AHI, for correlation with CPAP compliance at intervals such as 1 and 3 months.

Response to Arguments

32. Applicant's arguments from the response filed on 03/10/2010 have been fully considered and will be addressed below in the order in which they appeared.

33. In the remarks, Applicant argues in substance that (1) 35 U.S.C. 101 and 112 rejections are overcome.

The Examiner is partially in agreement.

Firstly, it is noted that Applicant is unsure if previous 35 U.S.C. 101 or 112 rejections remain pending - they are not. The only pending rejections in regard to these statutes are the present 35 U.S.C. 112, second paragraph, rejections above that concern the most recent amendments.

It is also noted that Applicant's explanation with regard to previous 35 U.S.C. 112, second paragraph, rejections are understood and acceptable, and that the claims are understood to have the scope as explained by Applicant: "With regard to the rejection of claims 8-11 and 17-20 and the question of what occurs to a person with a BMI of 24.5, for example, the claims do not include such an intermediate BMI. Nevertheless, the lack of including such an intermediate BMI does not cause the claims, each of which includes a specific range, to become unpatentable."

34. In the remarks, Applicant argues in substance that (2) the claims have been amended to include a limitation not anticipated by the prior art, specifically, that "[a]ll of the claims include a limitation of a display and a limitation specifically directed to a computer ascertaining relationships and trends and comparing these results to results of other treatment methodology. These limitations are not disclosed or suggested anywhere in the cited references. In addition, there is no suggestion in any of the references to combine with any or all of the other cited references".

Applicant's arguments with respect to the limitations added upon amendment in the claims have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

35. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure: U.S. Patent 6,083,173 to Grant.

36. Any inquiry concerning this communication or earlier communications from the examiner should be directed to ROBERT SOREY whose telephone number is (571) 270-3606. The examiner can normally be reached on Monday through Friday, 8:30AM to 5:00PM (EST).

37. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jerry O'Connor can be reached on (571) 272-6787. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

38. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a

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USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/R. S./

Examiner, Art Unit 3626

/Robert Morgan/

Primary Examiner, Art Unit 3626